**YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE**

 **MEDICAL BILLS**

(OMB Control Number: 0938-1401)

**You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost.**

**Under the law, health care providers need to give patients who don’t have insurance or who are not using insurance an estimate of the bill for medical items and services.**

1. **You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees**.
2. **Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.**
3. **If you receive a bill that is at least $400 more than your Good Faith Estimate, you can dispute the bill**.
4. **Make sure to save a copy or picture of your Good Faith Estimate.**

**For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises or call 1-877-696-6775.**